PATENT

## Atty. Docket No.: 2876 (203-3345)

OTHER THAN

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Schechter et al.

Examiner: Alex B. Toy

Serial No.:

10/712,486

Group: Art Unit 3739

Filed:

November 13, 2003

Dated: June 7, 2006

For:

COMPRESSIBLE JAW CONFIGURATION WITH BIPOLAR

RF OUTPUT ELECTRODES FOR SOFT TISSUE FUSION

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450 Mail Stop: Non-Fee Amendment

## AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [ ] Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.
- [] A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.
- [X] No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3) SMALL ENTI		L ENTITY			ENTITY
	CLAIMS REMAI AFTER AMENI	NING	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT.	OR	RATE	ADDIT. FEE
TOTAL	23*	MINUS	20 **	= 3	X 50	\$	X	25	\$ 150.00
INDEP.	5*	MINUS	3**	= 2	X 200	\$	х	100	\$ 400.00
☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					X 360	\$	Х	180	\$0
				ADDIT. FI	TOTAL	<u>\$ -0-</u>	OR T	OTAL	\$ 550.00

<sup>\*</sup> If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Commissioner for Patents, Mail Stop Non-Fee Amendment, P.O. Box 1450, Alexandria, VA 22313-1450 on date below.

Dated: June 7, 2006

Maria/Lapitan

<sup>\*\*</sup> If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".
\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

[]	Please charge Deposit Account No. <u>21-0550</u> in the amount of \$ Two (2 copies of this sheet are enclosed.	Two (2)	
[]	A check in the amount of \$ is enclosed.		

[X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. <u>21-0550</u>. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. <u>21-0550</u> therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted

Edward O. Meagher Reg. No. 41,189 Attorney for Applicant(s)

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ECM/mpl